## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/59/011

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |  |                                   |              |                                | SMALL ENTITY TYPE   |                        | OR  | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|--|-----------------------------------|--------------|--------------------------------|---------------------|------------------------|-----|----------------------------|------------------------|
| U.S.   | . NATIONAL S                                   | STAGE FEES                                  |  |                                   | `            | . ]                            | RATE                | FEE                    |     | RATE                       | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150 L  |                                   | LARG         | SE ENT. = \$ 300               | BASIC FEE           |                        | OR  | BASIC FEE                  | 300                    |
| EXAMINATION FEE  |  |   | ` '  |                                   |              | her situations = 100 / \$ 200  | EXAM. FEE           |                        |     | EXAM. FEE                  |                        |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                   |              | ther situations = 250 / \$ 500 | SEARCH FEE          |                        |     | SEARCH FEE                 |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                                   |              | / 50 =                         | X \$ 125 =          |                        |     | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 20 minus 20 = *  |                                   |              |                                | X \$ 25 =           |                        | OR: | X \$ 50 =                  |                        |
| INDE   | EPENDENT CL                                    | AIMS  | 3 minus 3 = *  |                                   |              |                                | X \$ 100 =          |                        | OR  | X \$ 200 =                 |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRE                              | ESENT  |                                   |              |                                | + \$ 180 =          |                        | OR  | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                                   |              | lumn 2                         | TOTAL               |                        | OR  | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |  |                                   |              | (Column 3)                     | SMALL E             | ENTITY                 | OR  | OTHER SMALL E              |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGH<br>NUME<br>PREVIO<br>PAID    | BER<br>DUSLY | PRESENT<br>EXTRA               | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                                |              | =                              | X \$ 25 =           |                        | OR  | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus  | ***                               |              | =                              | X \$ 100 =          |                        | OR  | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |              |                                | + \$ 180 =          |                        | OR  | + \$ 360 =                 |                        |
|  |  |   |  | :                                 |              |                                | TOTAL ADDIT.<br>FEE |                        | OR  | TOTAL ADDIT.<br>FEE        |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |  |                                   |              | (Column 3)                     |                     |                        | • , |                            |                        |
| AMENDMENT B  | ·  | CLAIMS<br>REMAINING<br>. AFTER<br>AMENDMENT |  | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA               | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                                |              | =                              | X \$ 25 =           |                        | OR  | X \$ 50 =                  |                        |
|  | Independent                                    | *.  | Minus  | ***                               |              | =                              | X \$ 100 =          |                        | OR  | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |              |                                | + \$ 180 =          |                        | OR  | + \$ 360 =                 |                        |
|  |  |   |  |                                   |              |                                | TOTAL ADDIT.<br>FEE |                        | OR  | TOTAL ADDIT.<br>FEE        |                        |
|  |  |   |  |                                   |              |                                |                     |                        |     |                            |                        |

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.